Health & Well-being

RoodlaneMedical
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Dr Gill's Blog

The recent debates about funding for social care have been all over the papers.

The UK faces the massive challenges of an ageing population, also an ageing workforce and the increasing burden of dementia and impact this has on our services, particularly on our health and social care services.

850,000 people in the UK live with dementia; this will be over 1 million by 2025 and 2 million by 2051. 225,000 people will be diagnosed with dementia this year, that's one every three minutes. We live longer, but not always in good health.

What we are beginning to understand much more clearly is that mild cognitive impairment occurs long before dementia becomes apparent. Sometimes as early as the 50's, even in those who are not affected by early onset dementia.

Does this matter? Well, yes. Very much indeed. It matters because if you identify mild cognitive impairment (MCI) early, your chances of acting to prevent progression are higher. Perhaps

If you have the APOE4 gene it increases your risk of dementia two to three fold, although of course it is multifactorial and having one close family member with dementia doubles your risk of Alzheimer's dementia.

There are many other factors at play and this gene alone does not account for the development of disease but it is important. The impact seems to be higher for women than men and some forms of HRT may be protective.

So what can you do? This leads me back to my favourite recurring theme around lifestyle. All the factors that influence physical and psychological health also affect the risk of dementia:

- Diet
- Cholesterol level
- Exercise
- Blood pressure
- Excess alcohol
- Metabolic health

and also for dementia- mental activity and social interaction reduce the risk.

There are some good screening tools for

even more important is identifying what you can do to limit your risk of this happening. There are genes associated with dementia. Some uncommon ones are associated with a high likelihood of progression to early dementia whilst others act as risk factors.

The best documented as a risk factor is APOE4, which is present in about 25% of the population. There are two other variants:

- APOE2 which appears to be protective
- APOE3 which is neutral.

APOE2 is less common and most people will fall into some combination of APOE3 and, for smaller number, APOE4.

cognitive decline and we have introduced a validated one into our health screens for those who wish to use it (Cantab).

My take on this has been to review (again) my lifestyle factors and to make a promise to increase my vigorous exercise a bit, add some more sources of Vit K to my diet and be grateful for a busy job that definitely puts my brain through its paces.

Do I want to test for APOE4? No. It's pretty common and it doesn't change any of my decision-making on lifestyle.

Looking after your Lifestyle

Itching to get outdoors?

Hay fever can be very uncomfortable for sufferers, so it's useful to know what we can do to help ease the symptoms. One in five of us will experience hay fever allergies at some point in our lives and are affected by allergens to varying pollen including:

- Tree pollen- released during spring
- Grass pollen- released end of spring and beginning of summer
- Weed pollen- released late autumn

The symptoms caused by hay fever can be particularly frustrating, causing ailments such as:

- Feeling tired
- Sneezing
- Headache
- Itchy throat
- Runny or blocked nose
- Earache
- Itchy, red and watery eyes

For asthma sufferers this can also cause a noticeable wheeze, resulting in shortness of breath or tightness in the chest, so is always useful to speak with your GP should symptoms increase to assess medication.

There's no 'magic pill' that will stop symptoms but it can be managed in a way that helps relieve them. The first thing we can do is avoid the allergens and, failing this, treat symptoms with an antihistamine. If symptoms persist please make an appointment to see your GP as you may need alternative medication such as nasal steroid medication (corticosteroids)

It's useful to know the difference in types of treatment:

Antihistamines can be used when you first notice symptoms of hay fever or as a preventative before going outdoors if you know the pollen count is going to be high.

- Corticosteroids tablets offer a more rapid short-term solution for more severe symptoms. These may be particularly useful if you have an important engagement or exam for example. Typically, corticosteroid tablets should not be taken for longer than 10 days as you may experience side effects.

- Corticosteroid nasal sprays are also useful for people who experience a blocked nose as their main symptom or do not find relief from antihistamines. Corticosteroid nose drops are stronger than corticosteroid nasal sprays and again, should not be used for more than four weeks.

- The Kenalog injection has also helped many people control their hay fever symptoms with each injection being equal to a 5mg dose tablet of Prednisolone every day for around 3 weeks. One benefit of having the injection is that it doesn't go through the liver or digestive system so a lower dose can be administered than that of tablet form. The injection isn't risk free and has the potential for side effects as do any other of the above treatment. It is recommended you consult your GP for advice.

Doctors Corner

Dear Doctor,

"After looking at my blood test results my GP has advised me that I have "fatty liver". This just means I have a bit of fat on my liver, right? It's nothing to worry about surely?"

Until fairly recently we would have agreed with you that "fatty liver" is a relatively harmless state of affairs, However, we're increasingly aware that it's more than just a bit of fat on the liver, In fact, it's now recognised as a formal medical condition, and having the diagnosis tells us a great deal - not only about the state of your liver, but also about the state of your general health.

Fatty liver can be subdivided into two main types: (1) alcoholic fatty liver disease (AFLD), which is caused by taking excess alcohol; and (2) non-alcohol related fatty liver disease (NAFLD), which is unrelated to alcohol, and is found in people who take alcohol within the recommended limits (of even at all). We'll focus on NAFLD here.

What is Non-Alcohol Related Fatty Liver Disease (NAFLD)?

There should be little or not fat in the liver. In NAFLD the liver has too much fat, and this has

not been associated with excessive alcohol consumption.

Why is it a problem?

(1) It's a problem for the LIVER.

NAFLD is the most common cause of chronic liver disease in the West. Indeed, by 2030 it is predicted to become the most frequent indication for liver transplantation.

Excess fat comes from the build-up of triglycerides. Triglycerides are the most common fats in our bodies, and a major source of energy. They are present in the body via two means: (1) eaten in the diet; (2) made by the liver.

When we eat saturated fat, triglycerides pass through the body to the liver to be processed. When we eat sugar, the liver is triggered to produce triglycerides. In both cases, unless we burn them off with exercise, the liver can end up with excess, which it has to store.

Initially, excess triglycerides just sit within the liver cells. However, with time their presence there causes the liver to become inflamed. The inflammation can begin to cause scarring of the liver. While this process can be reversed it's called "fibrosis". However, if it continues unchecked, the scarring becomes irreversible and this is called "cirrhosis". In a handful of cases this process can lead to failure - or even cancer - of the liver.

(2) It's a problem for GENERAL HEALTH

NAFLD is a "multisystem," disease. This means that is has an effect beyond the liver, on other organs in the body. NAFLD increases the risk of type 2 diabetes meiiltus, heart disease, and chronic kidney disease. Researchers believe that harmful chemicals released by the inflamed fatty liver create these other problems.

Those people diagnosed with NAFLD should therefore also be screened for diabetes, heath disease, and kidney disease.

Who is at risk of NAFLD?

NAFLD is more common in people who are overweight or obese, and is particularly common in those people with "apple" body shape (proportionally larger around the middle).
However, there are people with NAFLD who aren't overweight, and there are overweight people who don't have NAFLD. This would suggest that genetics are also important, and some people are thought to be more prone to the condition because of the genes they have inherited.

What are the symptoms of NAFLD?

For the vast majority, NAFLD is "silent", and there will be no specific symptoms. As it progresses (to inflammation, fibrosis, or cirrhosis), then any symptoms would reflect damage tot he liver (abdominal pain, jaundice, dark urine, etc).

How is NAFLD diagnosed?

NAFLD is typically picked up following routine blood tests (liver function tests). The doctor would want to ensure that there was no other reason for abnormal liver function before confirming the diagnosis, and may seek additional bloods, a liver scan, or rarely a liver biopsy.

How is NAFLD treated?

Treatment focuses on reducing the amount of fat on the liver. There's no medication you can take to achieve this, and the answer lies in weight loss, through a reduced-calorie diet and increased exercise.

How can NAFLD be prevented?

Maintaining a healthy weight through diet and exercise is the single best way to prevent NAFLD. Those people who have a tendency to put weight around their middle, or who have strong family history of diabetes or hearth disease, should be particularly careful.

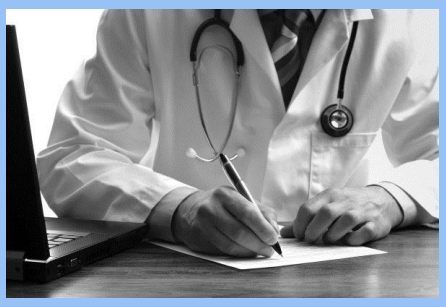
Final Comment

Fatty liver is an important diagnosis and signals to us that lifestyle changes must be made. However, the condition develops very gradually, and for the vast majority of people an adjustment in lifestyle will be sufficient to prevent future complications. So please be reassured, there is no cause for alarm.

Support

Fatty liver is a big subject, but I hope this has given you some background. you can discuss it in more depth with your GP, and if appropriate Roodlane can refer you on for a specialised liver "fibroscran" (see our January 2017 newsletter for more details on this). You can also find out more via the British Liver Trust's website (www.britishlivertrust.org.uk)

This months Doctor's Corner was provided by Roodlane GP Dr Juliet Glover



Do you have a health related question?

Why not try emailing us in confidence and you could see your question answered by a qualified Doctor in our next newsletter!

Email:**DoctorsQuestions@roodlane.co.uk**

Roodlane Medical Ltd
58 New Broad Street
London EC2M 1JJ

Company reg number 6395903

Twitter